



SOUTH DAKOTA BOARD OF EXAMINERS IN OPTOMETRY

APPLICATION FOR REGISTRATION BY EXAMINATION

I hereby apply for certificate of registration to practice Optometry in the State of South Dakota and submit the following statement concerning my age, moral character, preliminary and optometric education.

1. Name
(print name in full, including middle name)

Permanent address and phone

2. Place and date of birth

3. Present residence Intended residence

4. Residence phone

5. Are you a citizen of the United States?

6. PRELIMINARY EDUCATION

Where, when and from what high school did you graduate?

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.....
.....

7. Non-optometric undergraduate and graduate college education:

.....
.....
.....
.....

8. PRE-OPTOMETRIC COLLEGE EDUCATION:

(It is compulsory that you enclose complete transcripts of all college work.)

Date of attendance If graduated, give date and degree
schools.

.....
.....
.....

9. EDUCATION IN OPTOMETRY

I have spent years in the study of optometry in the institution named below, for the following terms:

Day Month Year to Day Month Year Name and Location of School

.....
.....
.....

I received the degree of from the College or University,
located at on the day of

.....
.....

(Partial transcripts will not be accepted – Candidate must have fulfilled requirements for graduation.)

10. I am licensed to practice Optometry in the following States and no others: (Give dates)

Jurisdiction How Licensed License Number Date Years of Practice

.....
.....

11. I have been refused State Board Optometric examinations in the following jurisdictions, for the following reasons:

.....
.....

12. I have failed the State Board examination in the following jurisdictions and no others: (Give dates)

.....

13. I have been accused or convicted of a felony. If yes, please describe:

Single ()

14. Height Weight Color of eyes Married ()

Divorced ()

Name of spouse, if married

15. Military Record, if any

16. PHOTOGRAPH:

Two loose unmounted photographs, not larger than 3" x 5" must be enclosed. One photograph must be certified on back by a Notary Public, the other to be authenticated by Secretary of this Board and to be displayed on desk during examination as means of identification.

The following statement should be written on the back of one photograph:

I,

Notary Public in and for

. am personally acquainted

County of with

of

.
this County and State, and certify that this is his photograph and signature, written in my
presence; that he is the original of said photograph, and is an applicant for registration
before the South Dakota Board of Examiners in Optometry.

Notary's Seal must be affixed.

17. If you pass this examination, where do you plan to practice in this state?

Give details of location

CERTIFICATE OF GOOD MORAL CHARACTER

Signed by not less than two Optometrists in good standing, and by two members of any legalized profession.

This is to certify that I have been personally acquainted with

.....
1 { for years }
2 { for years }
3 { for years } that I believe him to be of good moral character
4 { for years }

and I hereby recommend him to the South Dakota Board of Examiners in Optometry as entirely worthy to be licensed to practice Optometry in the State of South Dakota pursuant to law.

1. Name

Address

2. Name

Address

3. Name

Address

INSTRUCTIONS TO APPLICANTS . . . READ CAREFULLY

THIS BOARD DOES NOT ISSUE TEMPORARY LICENSES OR SPECIAL PERMITS.

No person shall be eligible for examination unless such person is a full eighteen years old, a citizen of the United States of America, of good moral character, and a graduate of an accredited high school.

Applicants for examination for a license to practice Optometry in the State of South Dakota shall be graduates from institutions recognized and approved by the South Dakota Board of Examiners in Optometry.

Applicants desiring to be examined must file with the secretary, a properly executed application together with an application fee of \$175.00 in the form of a certified check, or money order, payable to South Dakota Board of Examiners in Optometry. Upon completion of the National Board examination. An INCOMPLETE application will not admit an applicant for examination.

No application fee will be returned after the application has been accepted by the board due to withdrawal of the applicant or his failure to take the examinations, excepting that the Board may, under special mitigating circumstances, apply said fee on subsequent application.

The minimum grade for each subject shall be 70% for successful passage of the examination.

I hereby promise and pledge that I will carefully read and study the South Dakota Optometry laws (Chapter 36-7 of the South Dakota Codified Laws), and the Rules and Regulations of the South Dakota Board of Examiners in Optometry (Article 20:50 of the 1974 Administrative Rules of South Dakota). Passage of South Dakota Rules and Regulations test is required.

I further pledge that I will faithfully submit and conform myself and my actions to obey, observe, perform, fulfill and keep all the provisions of the South Dakota Optometry Law, and the Rules and Regulations of the South Dakota Board of Examiners in Optometry. I will at all times assist the duly constituted authorities in enforcement of the Optometry Laws and South Dakota Board of Examiners in Optometry Rules and Regulations.

I hereby agree that if statements made by me in this application prove false, or if I shall violate the above agreements, my certificate shall become null and void and I will immediately return it to the Board upon their written demand.

I further certify that I will not receive from anyone, nor give aid to anyone that would assist me or them in answering any questions on the Rules and Regulations examination I am granted.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signed

The South Dakota Board of Examiners in Optometry administers its examinations in a manner which does not discriminate against a qualified applicant with a disability. Applicants with disabilities who wish to request reasonable testing accommodations should immediately write Secretary Daniel Watson, O.D., Post Office Box 628, Sturgis, South Dakota 57785, for assistance in contacting the appropriate testing site if necessary.

State Certificate No.

Issued....., 20.....

South Dakota Board of Examiners in Optometry

APPLICATION OF

	Date	Checked by
Application Received		
Fee Received		
National Board Part I, II, III, TMOD		
Pre-Optometry Transcript Received		
Optometry Transcript Received		
Optometry Graduation Verified		
Photograph Received Photographs Verified		
Rules and Regulations Test		

President

Vice-President

Secretary-Treasurer

Application Before Board

Action Taken by Board

(See Next Field)

Average percent Obtained

Certificate Delivered